

P.I.? _____

WILBRAHAM RECREATION DEPARTMENT

www.wilbraham-ma.gov/rec

SPEC POND ADVENTURE PROGRAM - REGISTRATION FORM

NAME: _____ D.O.B.: _____ AGE: _____ GR: _____
(FALL 04)ADDRESS: _____ MALE / FEMALE
(STREET, CITY, ZIP)HOME PHONE: _____ EMER. NAME: _____ EMER. PHONE: _____
(DAY TIME)

PARENTS NAMES: _____

ALLERGIES/RESTRICTIONS: _____

PLEASE CIRCLE APPROPRIATE FEE:
SINGLE WEEKRESIDENT PER WEEK
\$80.00/ SESSIONNON-RESIDENT PER WEEK
\$90.00/ SESSION

NOTE: ENROLLMENT PER SESSION IS LIMITED/ MUST BE AGE 5 AS OF 7/1/04 AND 12 AS OF 9/1/04

SESSION 1 _____ + EXTENDED HOURS _____ AMT. PD. _____ DATE _____
(JULY 5-9) (\$35.00/SESSION) AM / PMSESSION 2 _____ + EXTENDED HOURS _____ AMT. PD. _____ DATE _____
(JULY 12-16) (\$35.00/SESSION) AM / PMSESSION 3 _____ + EXTENDED HOURS _____ AMT. PD. _____ DATE _____
(JULY 19-23) (\$35.00/SESSION) AM / PMSESSION 4 _____ + EXTENDED HOURS _____ AMT. PD. _____ DATE _____
(JULY 26-30) (\$35.00/SESSION) AM / PMSESSION 5 _____ + EXTENDED HOURS _____ AMT. PD. _____ DATE _____
(AUG 2-6) (\$35.00/SESSION) AM / PMSESSION 6 _____ + EXTENDED HOURS _____ AMT. PD. _____ DATE _____
(AUG 9-13) (\$35.00/SESSION) AM / PM

PLEASE READ THE FOLLOWING CAREFULLY:

* **WAIVER:** I, the undersigned parent and/or guardian of _____, a minor, on the date of _____, do hereby consent to my child's participation in voluntary recreational programs of the Town of Wilbraham. I agree not to sue and also agree to forever release the Town of Wilbraham, and the H.W. School District their servants, officers, officials, employees, agents and ("the releasees") assisting or participating in voluntary recreational programs of the Town of Wilbraham from any and all claims, rights of action and causes of action that may arise in the past, or may arise in the future, directly or indirectly, from personal injuries to my child or property damage resulting from my child's participation in the Town of Wilbraham voluntary recreational programs. I also promise, to indemnify, defend, and hold harmless the releasees against any and all legal claims and proceedings of any description that may have been asserted in the past, or may be asserted in the future, directly or indirectly, arising from personal injuries to my child or property damage resulting from my child's participation in the Town of Wilbraham voluntary recreational programs. I further affirm that I have read this Consent and Release Form and that I understand the contents of this form. I understand that my child's participation in these programs is voluntary and that my child and I are free to choose not to participate in said programs. By signing this form, I affirm that I have decided to allow my child to participate in the Town of Wilbraham's athletic recreational programs with full knowledge that the releasees will not be liable to anyone for personal injuries and property damage my child or I may suffer in voluntary Town of Wilbraham recreational programs.

* **REFUND POLICY** :If you notify the Recreation Department at least one week prior to the start of the program, you will receive a refund, minus a \$5.00 administrative charge.

- Because the decision to maintain a program is based on the enrollment, no refunds will be given once a program has started. However, a refund may be offered (for extenuating circumstances) on a case-by-case basis at the discretion of the Director. Such requests must be submitted in writing.

* **RELEASE:** For promotional purposes, photos may be taken of my child and put on the Recreation website or in printed material. I understand it is my responsibility to notify the coach and photographer if my child is **not** to be photographed.

I have read, understand and agree to the above information:

SIGNATURE OF PARENT/GUARDIAN REQUIRED

RELATIONSHIP

DATE

I have acquired the parent information packet and health form: Yes No